

POLICE TRUCK/BUS CRASH SUPPLEMENTAL

Do not complete this form unless: One or more qualifying vehicles was involved and met the threshold.

|                                |                                 |                                  |  |   |   |
|--------------------------------|---------------------------------|----------------------------------|--|---|---|
| <input type="checkbox"/> FATAL | <input type="checkbox"/> INJURY | <input type="checkbox"/> TOWAWAY | <input type="checkbox"/> 16 OR MORE PASSENGER CAPACITY | <input type="checkbox"/> 10,001 LBS. OR MORE (GVWR) | <input type="checkbox"/> HAZARDOUS MATERIAL PLACARD |
| POLICE INCIDENT / CASE NUMBER  |                                 | CRASH DATE                       | M T W TH F S SN  | CRASH TIME  | AM<br>PM  |
| ROAD ON WHICH CRASH OCCURRED   |                                 |                                  |  |   |   |
| COMMENTS                       |                                 |                                  |  |   |   |

|  |  |
|--|--|
| <div>VEHICLE INFORMATION</div> <div>VEHICLE PLATE NUMBER</div> <div>State</div> <div>Plate Number</div> <div>GROSS VEHICLE WEIGHT RATING: (normally located inside driver door)</div> <div>Truck, Tractor or Bus</div> <div>Trailer or Trailers Total</div> <div>Total Number of Axles (including Trailers)</div> <div>Did vehicle have a HAZARDOUS MATERIAL placard? 1. Yes 2. No</div> <div>If "Yes," enter name or 4 digit number from placard diamond or box (CODE #32)</div> <div>Enter 1 Digit Number from bottom of diamond</div> <div>Was hazardous material (cargo) released from this vehicle? 1. Yes 2. No</div> <div>Was an inspection done on this vehicle? 1. Yes 2. No</div> <div>Inspection Number</div> <div>Level 1, 2, 3, 4</div> | <div>SEQUENCE OF EVENTS (for this vehicle)</div> <div>1 2 3 4</div> <div>RAN OFF ROAD</div> <div>JACKKNIFE / SKID</div> <div>OVERTURN</div> <div>DOWNHILL RUNAWAY</div> <div>CARGO LOSS OR SHIFT</div> <div>EXPLOSION OR FIRE</div> <div>SEPARATION OF UNITS</div> <div>CRASH INVOLVING PEDESTRIAN</div> <div>1 2 3 4</div> <div>CRASH INVOLVING MOTOR VEHICLE IN TRANSPORT</div> <div>CRASH INVOLVING PARKED MOTOR VEHICLE</div> <div>CRASH INVOLVING TRAIN</div> <div>CRASH INVOLVING PEDALCYCLE</div> <div>CRASH INVOLVING ANIMAL</div> <div>CRASH INVOLVING FIXED OBJECT</div> <div>CRASH INVOLVING OTHER OBJECT</div> <div>OTHER</div>  |
| <div>VEHICLE CONFIGURATION</div> <div>Select Appropriate</div> <div>1 Triples (tractor with 3 trailers)</div> <div>2 Triples (truck with 2 trailers)</div> <div>3 Doubles (any)</div> <div>4 Straight Truck-Full Trailer</div> <div>5 Standard Tractor/SemiTrailer</div> <div>6 Straight Truck</div> <div>7 Bobtail</div> <div>8 Saddlemount</div> <div>9 Cargo Body Type (circle appropriate type):<br/>Van Flatbed, Tank, Dump, Belly-Dump, Pole, Garbage, Drop-Box, Auto Carrier, Livestock, Chip, Low-Boy, Mobile Home Toter, Utility, Container, Bulk-Hopper, Fixed Load, Other</div> <div>10 Heavy Haul</div> <div>11 Bus/Van (16 or more passenger capacity)</div> <div>12 Auto / Pickup</div>  | <div>CARRIER INFORMATION</div> <div>NAME</div> <div>ADDRESS (STREET OR PO BOX NUMBER)</div> <div>CITY</div> <div>STATE</div> <div>ZIP CODE</div> <div>IDENTIFICATION NUMBERS</div> <div>None = 0</div> <div>US DOT</div> <div>ICC MC</div> <div>DRIVER INFORMATION</div> <div>NAME (LAST-FIRST-MIDDLE)</div> <div>DRIVER LICENSE #</div> <div>STATE</div> <div>CLASS</div> <div>ENDORSEMENT</div> <div>MEDICAL CERTIFICATION EXP. DATE</div> <div>CO-DRIVER INFORMATION</div> <div>NAME (LAST-FIRST-MIDDLE)</div> <div>DRIVER LICENSE #</div> <div>STATE</div> <div>CLASS</div> <div>ENDORSEMENT</div> <div>MEDICAL CERTIFICATION EXP. DATE</div> <div>DRIVER HOURS RECAP For Certified Inspectors</div> <div>DATE</div> <div>HOURS ON DUTY</div> <div>TOTAL</div> <div>FALSE LOG</div> <div>NO LOG BOOK</div> <div>DRIVER OUT-OF SERVICE</div> <div>DRIVER LOG NOT CURRENT</div> <div>60/70 HOUR RULE VIOLATION</div> <div>10 HOUR RULE VIOLATION</div> <div>15 HOUR RULE VIOLATION</div> <div>CURRENT AND PREVIOUS DAYS LOG NOT IN POSSESSION</div> <div>FAILURE TO RETAIN 7 PREVIOUS DAYS LOG</div> <div>LOG VIOLATION-GENERAL</div> <div>OTHER</div> |
| <div>VEHICLE DAMAGE</div> <div>Use arrow to show first impact (shade in damaged area).</div> <div>FRONT</div>  |  |